



MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES
Quality Assurance Division – Licensure Bureau 2401 Colonial Drive. 2nd Floor
PO Box 202953
Helena, MT 59620-2953
FAX: (406) 444-1742

**APPLICATION FOR MONTANA STATE HEALTH CARE FACILITY / SERVICE LICENSE CRITICAL ACCESS
HOSPITAL**

☐ **Initial Application**

☐ **Renewal**

☐ **Change of Ownership**

Facility Name: _____ Administrator: _____

Facility Street Address: _____ PO Box: _____

City: _____ Zip: _____ County: _____

Facility Telephone Number: _____ FAX: _____

Facility E-mail: _____

Web Page Address: _____

Name of Applicant: _____

Number of Acute Inpatient Beds _____ Swing Beds _____ Observation Beds _____

Operating Organization

Information on ownership, contract or lease agreement if operated by a person other than the owner:

- If a partnership, firm or association, list every member thereof.
- If a corporation, list the names and address thereof and the names of its officers.
- State Affiliated Organization

NAME

ADDRESS

Name of person or persons under whose management or supervision the service will be conducted:

List name and license number of all Professional Staff who are employed by this organization:

NAME	LICENSE NUMBER	YRS OF EXPERIENCE

(attach additional list if necessary)

Total number of employees including administrator and nursing personnel: _____

I certify that the information submitted to DPHHS is true and correct. This license Application to operate a Critical Access Hospital is hereby submitted under the provision of MCA 50-5-101 through 50-5-231.

Signed: _____ Date: _____

Title: _____

Address: _____

City: _____ State & Zip: _____

Enclose a check or money order payable to the *Department of Public Health & Human Services* to cover the license fee. The fee is determined as follows:

- (a) Facilities with 20 or less beds (stations) = \$20.00
- (b) Facilities with 21 or more beds (stations) = \$1.00 per unit
- (c) Facilities with no beds = \$20.00

This fee will be deposited in the State Treasury and is non-refundable.